

HANDBOOK RECEIPT AND ACKNOWLEDGMENT

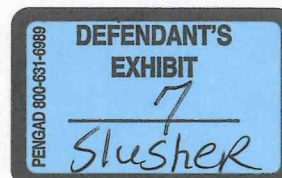
I agree to read this handbook and follow the rules, policies and procedures described in the handbook during my employment. I understand that my employment with the facility will be on an at-will basis, and that either I or the facility can terminate the relationship at any time, with or without notice and with or without cause. I understand that the handbook is not contractual in nature. I further understand that the handbook and the provisions of the handbook may be modified or withdrawn at any time by the facility with or without notice to employees.


Signature

2/20/2011
Date

Richard m. Slusher
Name (Printed)

Revised 01/2011



Acknowledgement

I acknowledge that I have received, read and understand
the Community Health Systems ("CHS") Code of Conduct.

I agree to abide by the policies summarized in the Code of Conduct
and all federal, state, and local laws, rules and regulations
for the duration of my association with CHS.

Richard M. Slushe, MD
Signature

Richard m. Slushe
Printed Name

2/20/2011
Date

HMC
Facility

CHS-CODE-ACK 02-08-r

 **CHS** Community
Health Systems